



How are we doing?

Date: _____

The City of Post Falls is committed to providing excellent service, and continuing to improve the way we deliver services to meet your expectations.

Department: _____

Please rate your experience related to the following categories:

	Excellent	Fair	Poor
The Overall service you received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The courtesy of the staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The knowledge of the staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The helpfulness of the staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The accuracy of the information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How have we met or exceeded your expectations?

Comments/Suggestions for how we can improve our service:

(Optional)

Name _____

Address _____

Phone _____

E-Mail _____

Do you wish to be contacted by City Administration regarding your comments? Yes No